

EUGENE POLICE DEPARTMENTCITIZENS' POLICE ACADEMY



Application for Admission

| Please type or print: | | |
|--|----------------------|---|
| NAME: | FIRST | MIDDLE |
| HOME ADDRESS: | TIKOT | WIBBLE |
| STRE | ET | CITY / ZIP |
| LIST ANY OTHER NAME(S) USED: _ | | |
| DATE OF BIRTH:// | PLACE OF | BIRTH: |
| DRIVER'S LIC. #: | STATE: | SOC. SEC. #: |
| HOME PHONE: | | MESSAGE PHONE: |
| EMPLOYER: | P(| OSITION/TITLE: |
| WORK ADDRESS: | | WORK PHONE: |
| CRIMINAL HISTORY: Have you ev infraction? NO YES | er been arrested a | and convicted of a crime other than a traffic lease explain on next page. |
| Please list a personal reference (NO | T a relative): | |
| NAME: | | PHONE: |
| RELATIONSHIP TO APPLICANT: _ | | |
| If you are currently active with any n | eighborhood, comm | nunity or civic organizations, please list below: |
| | | |
| Have you applied for this program in | the past? No | Yes If yes, when? |
| Please state why you desire to atten | d the citizens' acad | emy: |
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CRIMINAL HISTORY: If you have been arrested and convicted of any felony and/or misdemeanor crimes, please list below the crime, date and location of occurrence: APPLICANT MUST BE AT LEAST 19 YEARS OLD AND HAVE NO PRIOR FELONY CONVICTIONS AND HAVE HAD NO MISDEMEANOR ARRESTS WITHIN THE PAST 12 MONTHS PRIOR TO THE ACADEMY. ANY OF THESE REQUIREMENTS MAY BE WAIVED UPON REVIEW BY THE CHIEF. Comments: _____ I understand that the Citizens' Police Academy is a 13-week program with classes meeting once a week from 6 p.m. to 10 p.m. and three Saturdays from approximately 9 a.m. until 4 p.m. Due to the class size being limited, I understand the importance of my commitment to attend all of the classes. Furthermore, I attest that the above information provided by me is true and accurate to the best of my knowledge. DATE SIGNATURE OF APPLICANT RETURN COMPLETED APPLICATION AND RELEASE FORM TO: Eugene Police - Citizens' Police Academy Emergency Services Training Center 1705 West 2nd Ave. Eugene, OR 97402 682-2751 / 682-7100 THE APPLICATION DEADLINE IS 15 DAYS PRIOR TO THE START OF THE ACADEMY. YOU WILL BE ADVISED BY MAIL OF YOUR APPLICATION STATUS. **EPD USE ONLY:** DATE REC: ______ DATE BACKGROUND COMPLETED: _____ BY _____ ACCEPTED: ____ YES ____ NO / REASON: _____

DATE NOTIFIED: _____ via ____ LETTER ____ PHONE BY WHOM: ___



EUGENE POLICE DEPARTMENT CITIZENS' POLICE ACADEMY



Background Investigation and Release Form

| PRINTED | SIGNATURE |
|--|---|
| Witnessed by: | |
| Signature: | Date: |
| Applicant Name:PRINTED | |
| The City of Eugene does not provide participants of health insurance. Neither the firearms training of this academy guarantees or certifies proficience. The firearms training does not make a student element of the control of the co | nor the emergency vehicle operations training cy in the use of any firearm or motor vehicle. |
| The undersigned hereby agrees to indemnify, de officers, agents and employees from any and all liability, including all expenses of litigation for injuproperty arising out of participation in the Citizen | claims, losses, damages, causes of action, ury to his/herself or any person or loss of |
| The undersigned for him/herself, legal represents and discharge the City of Eugene, its officers, agloss or damage or any claim or damages resulting Academy on account of any injury to his/her persof the Citizens' Police Academy, its officers, agent undersigned is participating in the Citizens' Police | gents and employees from any liability for any ng from participation in the Citizens' Police son or property whether caused by negligence nts, and employees, or otherwise, while the |
| The undersigned, in consideration for the priviled Academy, and recognizing that such activity involved hereby agree to assume the risks attendant to all the Citizens' Police Academy. | olves certain inherent risks and dangers, does |
| I understand that all available police and crimina and will be used to determine my eligibility for the remain confidential as required by Oregon and fe | e Citizens' Police Academy. All information will |
| As an applicant for the City of Eugene Police De authorize the Eugene Police to conduct a criminal | |
| to conduct a background check entered this | |

RETURN THIS FORM WITH THE APPLICATION